

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6012587	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 06/01/2016
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

ROSEWOOD CARE CENTER OF MOLINE

**7300 34TH AVENUE
MOLINE, IL 61265**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	Initial Comments	S 000		
	First Complaint Certification Revisit to Survey date 4/19/2016, Complaint #1621969/IL84742.			
S9999	Final Observations	S9999		
	Statement of Licensure Violations :			
	300.610a) 300.1210b) 300.1210d)5) 300.1220b)3) 300.3240a)			
	Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting. Section 300.1210 General Requirements for Nursing and Personal Care b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident.			

Attachment A
Statement of Licensure Violations

Illinois Department of Public Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

06/08/16

STATE FORM

6899

LOZO12

If continuation sheet 1 of 5

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S9999	Continued From page 1 d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis: 5) A regular program to prevent and treat pressure sores, heat rashes or other skin breakdown shall be practiced on a 24-hour, seven-day-a-week basis so that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that the pressure sores were unavoidable. A resident having pressure sores shall receive treatment and services to promote healing, prevent infection, and prevent new pressure sores from developing. Section 300.1220 Supervision of Nursing Services b) The DON shall supervise and oversee the nursing services of the facility, including: 3) Developing an up-to-date resident care plan for each resident based on the resident's comprehensive assessment, individual needs and goals to be accomplished, physician's orders, and personal care and nursing needs. Personnel, representing other services such as nursing, activities, dietary, and such other modalities as are ordered by the physician, shall be involved in the preparation of the resident care plan. The plan shall be in writing and shall be reviewed and modified in keeping with the care needed as indicated by the resident's condition. The plan shall be reviewed at least every three months. Section 300.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act) These requirements are not met as evidenced by:	S9999			

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S9999	<p>Continued From page 2</p> <p>Based on observation, interview, and record review the facility failed to prevent a pressure ulcer from worsening, and failed to maintain hand hygiene during a pressure ulcer dressing change for one of two residents (R7) reviewed for pressure ulcers in the sample of four. This failure resulted in R7's Stage two pressure ulcer worsening to being unstageable.</p> <p>Findings include:</p> <p>The facility's Pressure Ulcer/Wound Management policy, dated 10/04, documents, "Ensure that appropriate Pressure Ulcer Prevention Protocols have been implemented including a dietary supplement to promote healing."</p> <p>The facility's Infection Control: Handwashing policy, dated 9/2014, documents, "Times to perform hand hygiene: After contact with body fluids or excretions or mucous membranes."</p> <p>R7's Pressure Ulcer Risk Assessment, dated 4/8/16, documents that R7 had a score of 18 which puts R7 at high risk for developing a pressure ulcer.</p> <p>R7's Physician's Orders, dated 5/2016, documents that R7 has an order to wash the right buttock wound with normal saline, pat the wound dry, apply wound gel to the wound bed only, and cover the wound with a gauze pad secured with paper tape twice a day and as needed. R7's Physician's orders also documents that R7 has a diagnosis of paraplegia.</p> <p>R7's Wound Documentation, dated 5/19/16-6/1/16, documents that on 5/19/16 a Stage two pressure ulcer was identified to R7's</p>	S9999			

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S9999	<p>Continued From page 3</p> <p>right buttock that measures 1.5 cm (centimeters) x 0.5 cm x 0.2 cm and has 100% epithelial/pink tissue in the wound bed. The wound documentation also documents that the most recent assessment on 6/1/16 R7's pressure ulcer had worsened to being unstageable and measured 5 cm x 1 cm with 25% of the wound bed covered with slough (yellow tissue).</p> <p>R7's Skin Care plan, dated 6/1/16, documents, "Potential for skin breakdown due to impaired physical mobility and incontinence." R7's Skin Care plan has no documentation addressing R7's pressure ulcer to R7's right buttock, and no new interventions were added when the pressure ulcer was discovered on 5/19/16.</p> <p>On 6/1/16 at 1:50 p.m., E15 (Care plan Coordinator) stated, "(R7's) pressure ulcer to her right buttock is not on her care plan, so there were no new interventions put into place...When a pressure ulcer develops their care plan will be updated with new interventions."</p> <p>On 6/1/16 at 10:00 a.m., E14 (Wound Nurse) removed a gauze dressing from R7's right buttock. R7 had an irregular shaped wound to R7's right buttock that had a round area in the center of the wound bed that was covered in yellow tissue. E14 cleansed the wound with normal saline. Then, without changing gloves, E14 applied wound gel and a border dressing. Following the procedure, E14 stated that E14 did not change E14 gloves after cleansing R7's wound, and that E14 should have changed her gloves.</p> <p>On 6/1/16 at 11:00 a.m., Z3 (R7's Physician Assistant) stated, "I think the facility should be more proactive with positioning...It's (R7's</p>	S9999			

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S9999	Continued From page 4 pressure ulcer) is unstageable due to the slough (yellow tissue) in the wound. Pressure, shear forces, and too much time spent on one side with repositioning causes worsening. It (R7's pressure ulcer) should stay stable or improve not worsen." On 6/1/16 at 1:17 p.m., E14 (Wound Nurse) stated, "When (R7's) wound was identified 5/19/16 it was a Stage two, and now it's unstageable because 25% of the wound is covered in slough (yellow tissue). It has worsened. (R7) requires total assist for positioning...I wouldn't have expected it to have worsened." (B)	S9999			